

FOR CALENDAR YEAR 2000 OR _____ MONTHS ENDING _____ 20____

ACCT #

FED ID#

Line 5 represents the net amount of your estimated tax payable this year either in full with the filing of this Declaration or in installments as indicated by the payment calendar. Enter on Line 6 the amount of remittance accompanying your Declaration— and please retain records for future reference.

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2000***Enter your name and address here*

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

QUARTER ENDING: **MARCH 31, 2000**DUE DATE: **APRIL 30, 2000**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

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P O BOX 640770
CINCINNATI OH 45264-0770**2000***Enter your name and address here*

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

QUARTER ENDING: **JUNE 30, 2000**DUE DATE: **JULY 31, 2000**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

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CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2000***Enter your name and address here*

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

QUARTER ENDING: **SEPTEMBER 30, 2000**DUE DATE: **OCTOBER 31, 2000**

AMOUNT DUE: \$ _____

DATE _____ PHONE) _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

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CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770

2000

Enter your name and address here

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

QUARTER ENDING: **DECEMBER 31, 2000**

DUE DATE: **JANUARY 31, 2001**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____
